

## UNATTENDED OPERATION OF EQUIPMENT AUTHORISATION

|   |   |   |                |
|---|---|---|----------------|
| Building:   |   | Room Number:  |                |
| Description of Equipment:   |   |   |                |
| Dates on which equipment is to be left running:   |   |   |                |
| Permanently (circle) or between:  | Time:<br>Date:  | and   | Time:<br>Date: |
| <b>In Emergency Contact:</b><br>Security staff will phone these numbers if there is a concern about un- | <b>Name:</b><br><b>Mobile:</b><br><b>Out of Hours No:</b> | <b>Name:</b><br><b>Mobile:</b><br><b>Out of Hours No:</b> |                |
| <b>In Event of Emergency you may take the following actions:</b>  |   |   |                |
| <b>Isolate</b>  | <b>Yes/No</b>   | <b>Where (Sequence?):</b>                                 |                |
| Electricity   |   |   |                |
| Gas Supply (including cylinders)  |   |   |                |
| Water   |   |   |                |
| Compressed air  |   |   |                |
| Vacuum  |   |   |                |
| Other Services—specify  |   |   |                |
| Name of Supervisor, principal Investigator:   |   |   |                |
| Authorised by Department Safety Officer:  | Signature:  |   |                |
|   | Date:   |   |                |